

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 589781

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		3		1		
10		3		1		
11		3		1		
12		1		1		
13		1		1		
14		1		1		
15		3		1		
16		3		1		
17		3		1		
18		1		1		
19		1		1		
20		0		1		
21		0		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27		2		1		
28		0		1		
29		0		1		
30		0		1		
31		0		1		
32		0		1		
33		0		1		
34		0		1		
35		0		1		
36		1		1		
37		1		1		
38		1		1		
39		3		1		
40		3		1		
41		1		1		
42		1		1		
43		1		1		
44	1		1			
45		1		1		
46		1		1		
47		2		1		
48		0		1		
49		0		1		
50		0		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		1		
52		0		1		
53		0		1		
54		0		1		
55		0		1		
56	1		X			
57		1				
58		1				
59	1		X			
60	1					
61	1			1		
62		1		1		
63		2	X			
64		0				
65		0		1		
66		0		1		
67		0		1		
68		0		1		
69		0		1		
70		0		1		
71		0		1		
72		0		1		
73		0		1		
74		0		1		
75		0		1		
76			1			
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	6	↓	4	↓		↓
TOTAL DEP.	88	←	67	←		←
TOTAL CLAIMS	44		71			